

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129a
Registered No. 543

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Francisco Rubalcaba (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 3 2 30
Month Day Year

8. FATHER Full name Bruz Rubalcaba 14. MOTHER Full maiden name Mersedes Lomely

9. Residence (Usual place of abode) miami 15. Residence (Usual place of abode) miami
If non-resident, give place and state.

10. Color or race mex 11. Age at last birthday 27 (Years) 16. Color or race mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) mexico 18. Birthplace (city or place) mexico
(State or country)

13. Occupation Nature of industry miner 19. Occupation Nature of industry H.W.

20. Number of children of this mother 1 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A.M. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Perkins (Physician or midwife).

Given name added from supplemental report 691-302-438 Address Mission

Month, day, year _____ Filled Oct-8, 1930 C. E. Drinn
Registrar Registrar